MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

10330

★ Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys

City or town Rural, Great Mills

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural, Great Mills

(If ontside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary Frances Barber

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	single

B.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 18-1935

8. AGE: Years	Months	Days	If less than one day
10	4	8	..... hrs. ..... min.

9. Birthplace Great Mills Md (Town, county, and state)

10. Usual occupation School

11. Industry or business

FATHER 12. Name Francis Barber

13. Birthplace Great Mills

MOTHER 14. Maiden name Catherine Wheeler

15. Birthplace Drayden

16. Informant Francis Barber

Address Great Mills, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 11-45 (month) (day) (year)

Cemetery or crematory Holy Face

Location Great Mills Md

18. Funeral director P. B. Robinson

Address Leonardtown Md

19. Oct. 11-1945 (Date rec'd by registrar) P. J. Beavan M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1945 at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 25th 1945, to Oct. 10 1945

and that I last saw her alive on Oct. 10 1945

Immediate cause of death	DURATION
Paralysis of heart	1 hour
Due to Diptheria	16 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE P. J. Beavan M.D. M. D. or other

Address Great Mills Md Date signed 10-11-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10331

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: St Marys

City or town: Rural Leonardtown Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: St Marys

City or town: Leonardtown Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: William Henry Briscoe Jr

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	S

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 27 1944

8. AGE:

Years	Months	Days	If less than one day
1	2	26	..... hrs. ..... min.

9. Birthplace: Leonardtown Rural Md

(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER — 12. Name: Wm Henry Briscoe

13. Birthplace: St Marys Co Md

MOTHER — 14. Maiden name: Veronica Young

15. Birthplace: St Marys Co Md

16. Informant: Ann Veronica Briscoe

Address: Leonardtown Md

17. (Burial, cremation, or removal, Which?) Burial Date thereof: Oct 23 45 (month) (day) (year)

Cemetery or crematory: St Dorothy Cemetary

Location: Leonardtown Md

18. Funeral director: Geo C Mattingly Sons

Address: Leonardtown Md

19. 10/22/45 (Date rec'd by registrar) Caucasian Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 23 1945 at 3.30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 22 1945 to Oct 23 1945

and that I last saw him alive on ..... 19....

Immediate cause of death	DURATION
Suffocation from Smoke	
Due to Fire Accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: F F Brownell Coroner M. D. or other

Address: Leonardtown Md Date signed: Oct 22-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

10332

Reg. Dist. No. 2 S C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: St Mary's
City or town: Rural Maddox
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 mos
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: St Mary's
City or town: Rural Maddox
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Mary Louise Butler

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 10-20-45

8. AGE: Years — Months — Days 6½ If less than one day ____ hrs. ____ min.

9. Birthplace: Maddox Md (Town, county, and state)

10. Usual occupation: Nun

11. Industry or business: —

FATHER
12. Name: Sylvester Butler
13. Birthplace: Burkland Md

MOTHER
14. Maiden name: Ina Madeline V. Cutler
15. Birthplace: Chaptico Md (Town, county, and state)

16. Informant: Norman Cutler
Address: Maddox Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-22-45 (month) (day) (year)
Cemetery or crematory: Sacred Heart
Location: Burkland

18. Funeral director: Norman Cutler
Address: Maddox Md

19. 10-22-1945 (Date rec'd by registrar) R. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-20-1945 at 5-30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19__ to — 19__ and that I last saw him alive on 10-20-1945

Immediate cause of death	DURATION
Pharyngitis	
Due to: Due to pneumonia	
Due to: Earth & Sinus	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Robert V. Palmer M. D. or other
Address: Leonardtown Md Date signed: 10-22-1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

10333

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:

County: St Marys

City or town: near Mechanicsville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all of life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town:

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Francis McGuire Farrell

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	S

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 7 1945

8. AGE: Years	Months	Days	If less than one day
0	0	14	hrs. min.

9. Birthplace: Rural Mechanicsville Md (Town, county, and state)

10. Usual occupation:

11. Industry or business

FATHER — 12. Name: Jas Wilson Farrell

FATHER — 13. Birthplace: St Marys Co Md

MOTHER — 14. Maiden name: Gladys Catherine Wood

MOTHER — 15. Birthplace: St Marys Co Md

16. Informant: Gladys Catherine Wood

Address: Mechanicsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 21 45 (month) (day) (year)

Cemetery or crematory: St Josephs Cemetary

Location: Mechanicsville

18. Funeral director: Elmer Deade

Address: Hughesville Charles Co Md

19. Oct 21 1945 (Date rec'd by registrar) Eleanor S. Cawley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 21 1945 at 6:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 7 1945 to Oct 21 1945

and that I ~~last saw him~~ alive on 19

Immediate cause of death	DURATION
Pulmonary Atelectasis	
Due to	
Due to	
Other conditions: Had slight most of time since birth and soon learned to crawl	

(Include pregnancy within 3 months of death)

Major findings of operation:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Francis J Farrell M.D.

M. D. or other

Address: Date signed: Oct 21-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10334

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 7-82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: St Mary's

City or town: Leonardstown Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 65 years

Hospital, institution, or street address where death occurred: 4 days in Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Agnes Adele Sanner Fennell

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6.(b) Name of husband or wife: Charles W. Fennell

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 2- 1860

8. AGE: Years	Months	Days	If less than one day
85	8	14	hrs. min.

9. Birthplace: St Marys Co Md (Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business

FATHER — 12. Name: Abel Sanner

13. Birthplace: St Marys Co Md

MOTHER — 14. Maiden name: Teresa Sanner

15. Birthplace: St Marys Co Md

18. Informant: Mrs Mildred H. Jones

Address: Leonardtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 19 1945 (month) (day) (year)

Cemetery or crematory: St Pauls Cemetery

Location: Leonardtown Md

18. Funeral director: W. A. Mattingly Sons

Address: Leonardtown Md

19. (Date received by registrar) 10/19/45 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 16 1945 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1943 to Oct 17 1945

and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Fibrillation, Chronic	4 years
Due to: Myocarditis	2 years
Due to: arterial Sclerosis	22 years
Other conditions: nephritis chron	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: F F Greenwell M. D. or other

Address: Leonardtown Date signed: 10/17/45

10335

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County St Marys

City or town Leonardstown Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:
Leonardstown Md

How long in hospital or institution? 2 months St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Valley Lee
(If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

8.(a) If veteran, name war World war #1

3. (a) FULL NAME Charles A. Gladden

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: married

B.(b) Name of husband or wife: Mary E. Gladden

B.(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.): May 15 1893

8. AGE: Years 52 | Months 5 | Days 4 | If less than one day ..... hrs. ..... min.

9. Birthplace Valley Lee St Marys Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name Fred Gladden
13. Birthplace St Marys Co

MOTHER
14. Maiden name Lettie Bristoe
15. Birthplace St Marys Co

16. Informant Mary E Gladden
Address Valley Lee Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 22 1945 (month) (day) (year)

Cemetery or crematory St Marys Co cemetery

Location Near Valley Lee Md

18. Funeral director W C Mattingley Sons
Address Leonardstown Md

19. 10/21 1945 (Date rec'd by registrar) Canvaled Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1945 at 3.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1 1944 to Oct 19 1945
and that I last saw h... alive on Oct 19 1945

	DURATION
Immediate cause of death: Heart failure	2 years
Due to: Hypertension	4 years
Due to: Chronic Nephritis	5 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Wm H Patrick M. D. or other

Address Pearson Md Date signed 10-20-45

10336

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19a)

CERTIFICATE OF DEATH

Reg. Dist. No. 282

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: St Marys
City or town: St Inigoes Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: St Marys
City or town: St Inigoes
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Mary Ellen Goodwin

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: William H. Goodwin
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Jan 10 - 1866

8. AGE:

Years	Months	Days	If less than one day
79	8	27	... hrs. ... min.

9. Birthplace: Gallagher Md St Marys Md (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: William H. Goodwin
13. Birthplace: St Marys Co Md
MOTHER 14. Maiden name:
15. Birthplace:
16. Informant: Mrs John Bean
Address: St Inigoes Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 9 1945 (month) (day) (year)
Cemetery or crematory: St Michaels
Location: Bedge Md
18. Funeral director: W C Mattingley Sons
Address: Leonardtown Md.
19. 10 8 45 Cavaliers (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 6 1945, at 5.30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1944, to Oct 6 1945
and that I last saw h[illegible] alive on Oct 3 1945

Immediate cause of death	DURATION
Cerebral Thrombosis	1 yr
Generalized Arteriosclerosis	—
Due to: Hypertension	
Due to: Chronic Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Wm H Patrick M.D.
M. D. or other
Address: Pearson Md Date signed 10-7-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

10337

CERTIFICATE OF DEATH

Reg. Dist. No. 2-86

1. PLACE OF DEATH:
County St. mary's
City or town Rural maddox
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County St. mary's
City or town Rural maddox
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME annie Elizabeth marks

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem	W	married

6.(b) Name of husband or wife arthur Edward marks
6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) 5-17-1858

8. AGE:

Years	Months	Days	If less than one day
70	4	20	...hrs. ...min.

9. Birthplace abell St. mary's md
(Town, county, and state)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name John William Hall
13. Birthplace St. mary's Co md
MOTHER 14. Maiden name Barbara Ellen Latham
15. Birthplace St. mary's Co md
16. Informant Arthur Edward marks
Address maddox md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-9-45 (month) (day) (year)
Cemetery or crematory Sacred Heart
Location Bushwood
18. Funeral director Rose E. Welch
Address Chaptico md
19. 10-7-45 (Date rec'd by registrar) M. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-7- 19 45, at 1230 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h alive on 10-7- 19 45
Immediate cause of death Cerebral apoplexy — DURATION: Sudden
Due to previous attack
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other
Address Avenue md Date signed 10-7- 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

10338

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:

County: St. Marys

City or town: near Charlotte Hall, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St. Marys

City or town: Mechanicsville,
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Sarah Marshall Smith

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Married

6.(b) Name of husband ~~or wife~~: Calvin Smith

6.(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Jan 18 1874

8. AGE: Years	Months	Days	If less than one day
71	8	19	....hrs. ....min.

9. Birthplace: St. Marys Co
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John Marshall
13. Birthplace: Mechanicsville, Md

MOTHER
14. Maiden name: Alice Dorsey
15. Birthplace: Maryland

16. Informant: Calvin Smith
Address: Mechanicsville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-10-45 (month) (day) (year)

Cemetery or crematory: Ebenezer

Location: New Market, Md

18. Funeral director: Elmer M. Quade

Address: Hughesville, Md

19. Oct. 9 1945 (Date rec'd by registrar) Eleanor S. Carter, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 7th 1945 at 11 p M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 1945 to Oct 1945 and that I last saw h.e alive on Sept 25 1945

Immediate cause of death	DURATION
Due to: Cerebral Hemorrhage	Sept 20
Due to:	
Other conditions: Chronic Endocarditis	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Leon J. Sothoron, M. D. or other

Address: Charlotte Hall Date signed: Oct 8/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15